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HB 5326

To Whom it May Concern:

I am a recently retired Board Certified Family Physician who practiced in one small town in Oregon for over 35 years. In that time I had the honor of delivering babies, caring for young children, their parents, their grandparents, and their great grandparents. Sharing the intimacies of life and death with thousands of patients taught me a lot.

I was awarded the Oregon Medical Association "Doctor/Citizen of the Year" in 2009, and served for 7 years on the Oregon Medical Board, two years as Chair. I still consult for them and occasionally act as their interim Medical Director.

One thing in particular that I have learned over the years is that "death" is not the enemy; the enemy is suffering. In the four decades of my training and practice I have witnessed and participated in amazing advances in medicine, including wonderful new options in End of Life Care, and in particular, the creation and development of Hospice programs. But these advances of clinical medicine, while incredible, cannot always prevent suffering.

Another thing that it took me a long time to appreciate was patient autonomy. As a professional, I was taught that "putting the patient first" was paramount. But sometimes I thought I knew what was best for them. They, however, in their myriad ways, opened my eyes to the fact that only an individual can know what her or his suffering entails.

From these experiences, and by the grace and wisdom of the Citizens of the State of Oregon under the Death with Dignity Act, I responded to several patient's requests for legal lethal prescriptions that would softly cause their death. I attended the death of several of these folk, and I can tell you that in each case the experience was humbling, respectful, and gentle.

I am a clinical instructor at both of our state medical schools, and also for premedical students at Oregon State University. I teach the students that there are only two things that matter in end of life care. Comfort (both physical and spiritual) of the dying patient and Respect for the terminal patient's wishes. The Oregon Death With Dignity Act has proven to be a occasional and compassionate option in those cases where these two basic principals intersect.

Sincerely,

David R Grube MD